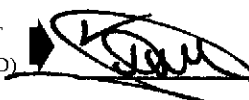


SCJA 23 Rev. 5/98		FINANCIAL AFFIDAVIT		IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE	
IN UNITED STATES		<input type="checkbox"/> MAGISTRATE	<input checked="" type="checkbox"/> DISTRICT	<input type="checkbox"/> APPEALS COURT or	<input type="checkbox"/> OTHER PANEL (Specify below)
IN THE CASE OF		FOR		LOCATION NUMBER	
<u>United States</u> v.s. <u>Victor Potapov</u>		<u>Northern Illinois</u>			
		AT			
		<u>Chicago, Illinois</u>			
PERSON REPRESENTED (Show your full name)		1 <input checked="" type="checkbox"/> Defendant - Adult		DOCKET NUMBERS	
<u>Victor Potapov</u>		2 <input type="checkbox"/> Defendant - Juvenile		3 <input type="checkbox"/> Appellant	
		4 <input type="checkbox"/> Probation Violator		5 <input type="checkbox"/> Parole Violator	
		6 <input type="checkbox"/> Habeas Petitioner		7 <input type="checkbox"/> 2255 Petitioner	
		8 <input type="checkbox"/> Material Witness		9 <input type="checkbox"/> Other	
CHARGE/OFFENSE (describe if applicable & check box →)		<input checked="" type="checkbox"/> Felony		MICHAEL W. DOBBINS	
		<input type="checkbox"/> Misdemeanor		CLERK, U.S. DISTRICT COURT	

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY					
EMPLOYMENT	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self-Employed				
	Name and address of employer: <u>N/A</u>				
	IF YES, how much do you earn per month? \$ <u>NOT EMPLOYED</u>		IF NO, give month and year of last employment		
			How much did you earn per month? \$		
ASSETS	If married is your Spouse employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>NOT IN THE US.</u>				
	IF YES, how much does your Spouse earn per month? \$		If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$		
	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
	IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES				
PROPERTY	Have you any cash on hand or money in savings or checking accounts? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IF YES, state total amount \$ <u>240.</u>				
	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
	IF YES, GIVE THE VALUE AND \$		DESCRIPTION		
	DESCRIBE IT				
OBLIGATIONS & DEBTS	MARITAL STATUS				
	Total No. of Dependents				
	List persons you actually support				
	DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)				
APARTMENT OR HOME: <u>NO DEBTS IN THE US.</u>					

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)

06/16/08